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State of Nebraska
Investigator's Motor Vehicle Accident Report

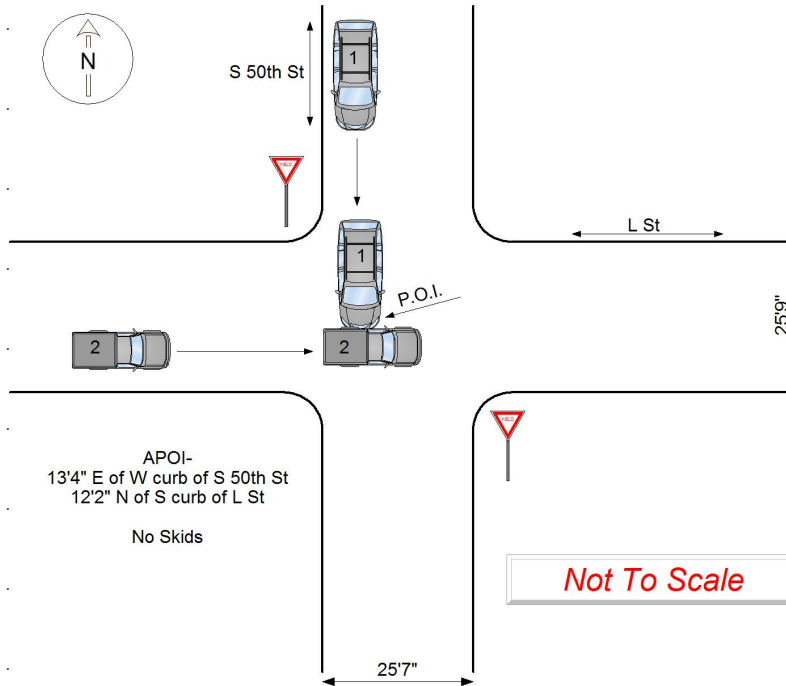
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 54	Agency Case No. B5-086014	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT 1646	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1648	09/17/2015	
B 92	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 50th St & L St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		S 50th St & L St				
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13741541		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 6	DRIVER	TERRENCE M JONES		PHONE	402-580-9343	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/23/1985	
G 2	OWNER	KATHRYN I BEACH (DOB: 05/16/1989)		PHONE	402-202-0834	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB486303	
I 1	LICENSE PLATE	PA NO. TSS893	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE
V1/O 3	VEHICLE	2000	MAKE Plymouth	MODEL Voyager	BODY STYLE Mini van	COLOR silver / chrome
V2/O 3	VEHICLE ID NO. (VIN)	1P4GP44G0YB581875		INSURANCE COMPANY	Bristol West	
		TOWED TO	TOWED BY		POLICY NO.	
		City Lot	Capital Towing		G00 6979552 00	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	G02173248		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	DENNIS TAVOULARIS		PHONE	402-309-5988	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/26/1937	
J 01	OWNER	JOHN ILIOPOULOS (DOB: 12/25/1981)		PHONE	402-840-3557	
K 02	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
L 01	LICENSE PLATE	TE NO. 2010075	YEAR (Plate Expires)	2015	STATE (Of Plate)	NE
V1/Q 1	VEHICLE	1999	MAKE Chevrolet	MODEL S10	BODY STYLE Pickup truck	COLOR red
V2/Q 1	VEHICLE ID NO. (VIN)	1GCCS1448X8141162		INSURANCE COMPANY	Progressive	
		TOWED TO	TOWED BY		POLICY NO.	
		Larry's Auto	FH Towing		900386856	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086014



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #2 stated he was traveling EB on L St approaching S 50th St at approximately 25mph. Driver #2 stated as he entered the intersection, Veh #1 violated the yield sign for SB traffic and collided with his vehicle. Driver #1 stated he was traveling SB on S 50th St at approximately 20mph. Driver #1 stated the sun was in his eyes and he did not see any traffic traveling on L St. Driver #1 stated he proceeded into the intersection and collided with Veh #1. Driver #1 failed to yield the right of way to Veh #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME									Driver No. 1	Driver No. 2	Pedestrian		
1		X			S 50th St									Y	Y	Y		
2			X		L St									N	X	N		
1	01	06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	07	1	2	1 None used - vehicle occupant		1		1		
2	01	08 Entering traffic lane								4	2	2 Lap & shoulder belt used		1		1		
					01 Essentially straight ahead	02 Backing	03 Changing lanes	04 Overtaking/ Passing	05 Turning right	06 Leaving traffic lane	07 Parked	08 Slowing or stopped in traffic	09 Other	10 Unknown				
					01 None	02 Top & windows	03 Undercarriage	04 Total (all areas)	05 Other			3 Deployed - both front/side		4 Lap belt only used				
													5 Child safety seat used		6 Child booster seat used		7 DOT approved helmet used	
													8 Costume helmet used		9 Restraint use unknown			
													1 Neither alcohol nor drugs suspected		2 Yes - alcohol suspected			
													3 Yes - drugs suspected		4 Yes - alcohol & drugs suspected			
													5 Unknown					

OFFICER NO. 1536	TROOP/ TEAM/ BEAT 8	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Shane Winterbauer		INVESTIGATOR SIGNATURE Approved by Officer Shane Winterbauer	DATE OF REPORT 09/17/2015